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CONFIRMATION NO. 4692

Bib Data Sheet

SERIAL NUMBER 10/633,449	FILING OR 371(c) DATE 07/31/2003 RULE	CLASS 356	GROUP ART UNIT 2877	ATTORNEY DOCKET NO. PD01505
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APPLICANTS

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**** CONTINUING DATA** Yes SN

This appln claims benefit of 60/403,941 08/16/2002

**** FOREIGN APPLICATIONS** No SN**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 10/29/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS 5	TOTAL CLAIMS 296	INDEPENDENT CLAIMS 24
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Samy J.</i> Initials <i>SN</i> Examiner's Signature Allowance		DRAWING		

ADDRESS

24265

TITLE

Determination of smoothness of canisters containing inhalable medicaments

FILING FEE RECEIVED 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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